



To the Insurer:	abrdrn Life and Pensions Limited
Registered Scheme Name:	
Policy Number (Unit Holder ID):	
Registered Address:	
Postcode:	

We may need to request additional documentation from you to verify the bank details you provide.

It is your responsibility to ensure that the bank account details we hold for you are correct. If we are unable to pay the funds to the account on this form, we will contact you and arrange to pay to the account details on our records or agree an alternative method of payment.

Once added to your account these bank details will be used to pay ALL monies due to you. If you wish to make a one off payment to a third party, please refer to the withdrawal dealing instruction which can be used for one off third party payments.

By signing this form, you agree to indemnify the Manager against all costs, losses and claims that they may incur by accepting in good faith any incorrect or fraudulent instructions made or purporting to be made under this agreement.

Account name:	
Bank Name and Address:	
Bank Account Number:	Sort Code:
Reference:	

For and on behalf of the Scheme:-

Signature:	Signature:
Print name:	Print name:
Position:	Position:
Date (DD/MM/YY):	Date (DD/MM/YY):

This form can be sent to the Aberdeen ICS Team at SS&C via fax, email or post.

Please fax to:- UK - 0330 123 3685 or International - +44 (0)1268 457 713.

Please email to:- abrdrnICSEmailDealing@uk.sscinc.com

Please post to:- Aberdeen ICS Team at SS&C, abrdrn Life SS&C ICS Department, PO BOX 12381, Chelmsford, CM99 2ET

Email: abrdrn.ics@uk.sscinc.com | General enquiries: T UK - 0330 123 1379 or International - +44 (0)1268 445 661

The information provided in this Document relates to the products and services of abrdrn Life and Pensions Limited (abrdrn Life), abrdrn Life and Pensions Limited is registered in England (03526143) at 280 Bishopsgate, London, EC2M 4AG.

Authorised and regulated by the Financial Conduct Authority and Prudential Regulation Authority in the United Kingdom.